09D0002-139

June 12, 2009



John Pavitt Alaska Operations Office 222 West 7th Avenue, No. 19 Anchorage, AK 99513

Re: Asbestos and Lead Abatement of Facilities, Fort Richardson, AK

Building 602

Fort Richardson, Alaska

REVISED: Notification of Demolition & Renovation

Dear Mr. Pavitt,

The attached Notification of Demolition & Renovation Forms has been completed for your review and approval for the above-referenced project. A signed original will be delivered to your office.

If you have any additional questions or concerns, please contact me at your earliest convenience.

Respectfully yours,

Coldfoot Environmental Services, Inc.

Claudia Rodriguez-Zinn Project Manager

Attachment:

1. Building 602: Revised Notification of Demolition & Renovation Form, dated 6/12/09.

done

Return to: U.S. EPA Region 10 1200 Sixth Avenue (OAQ-107) Seattle, WA 98101

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

	Operator Project #	Po	stmark 6/12/19	Date Received		Notification #			
ı.	TYPE OF NOTIFICATION (check one):		Original	✓ Revised	Cancele	ed .			
II.	FACILITY DESCRIPTION								
	Building Name:								
	BUILDING 602								
	Address: 602 B STREET								
	City:		State:		County:				
	FORT RICHARDSON		AK		ANCHORAGE				
	Site Location: 602 B STREET FORT RICHARDSON AK		•						
	Building Size (square feet):		# of Floors:		Age in Years:				
	105,410		4		58				
	Present Use:		Prior Use:						
	OFFICE BUILDING		OFFICE BUILDI				7		
III.	TYPE OF OPERATION (check one):	☐ Demo	Ordered Demo	Renovation	Emergence	y Renovation	Fire Training		
	IS ASBESTOS PRESENT? (check one)		✓ Yes	No					
٧.	. FACILITY INFORMATION OWNER NAME:								
	PUBLIC WORKS FORT RICHARDSON, US ARMY ALASKA								
	Address:: 724 POSTAL LOOP DRIVE #6500								
	City:		State:		Zip:				
	FORT RICHARDSON		AK		99505-6500				
	Contact:				Tel:				
	STEVE JONES				(907) 384-3055				
	REMOVAL CONTRACTOR:	INC							
	COLDFOOT ENVIRONMENTAL SERVICES Address:	, INC.							
	6670 WES WAY								
	City:		State:		Zip:				
	ANCHORAGE		AK		99518-1575 Tel:				
	Contact: CUAUHTEMOC RODRIGUEZ-VILLEGAS				(907) 770-9936				
-	HER OPERATOR (Demolition / General):								
	NONE.	*							
	Address:								
	City:		State:		Zip:				
			AK						
	Contact:				Tel:				
VI.	PROCEDURE, INCLUDING ANALYTICAL N		D TO DETECT TH	E PRESENCE C	F AND TO ESTI	MATE THE QUAN	ITITY OF RACM		
•	AND CATEGORY I AND CATEGORY II NON	I-FRIABLE ACM:							
	PLM								
VII.	APPROXIMATE AMOUNT OF ASBESTOS	MATERIAL:							
			RACM to be	The second of the second of the second of the second	pestos Material		bestos Material		
			Removed		emoved Category II	Category I	e Removed Category II		
	Pipes (linear feet)		380	Category I	Category II	UNKNOWN	UNKNOWN		
	Surface Area (square feet)				3,448	UNKNOWN	UNKNOWN		
	Facility Component (cubic feet)					UNKNOWN	UNKNOWN		
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6/16/2009 Complete: 7/16/2009 IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: NA Complete: NA									
ı.	DAYS OF THE WEEK: MONDA		WEDNESDAY	THURSDAY	A FRIDAY	Complete: SATURDAY	NA SUNDAY		
	HOURS OF OPERATION: 8am-5pi		8am-5pm	8am-5pm	8am-5pm	8am-5pm	8am-5pm		
			•			•			

U.S. EPA CTIFICATION OF DEMOLITION AND RENOVATION

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DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE EMPLOYED, INCLUDING DEMOLITION OR RENOVATION TECHNIQUES TO BE USED AND DESCRIPTION OF AFFECTED FACILITY COMPONENTS:							
All work will be done under full containment negative	e pressure.						
DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO COMPLY WITH THE REQUIREMENTS, INCLUDING ASBESTOS REMOVAL AND WASTE HANDLING EMISSION CONTROL PROCEDURES:							
All work will be done under full containment negative pressure. Amended water will be used to prevent emissions. All required Personnel Protection Equipment (PPE) will be used at all times.							
	WASTE TRANSPORTER #1:						
COLDFOOT ENVIRONMENTAL SERVICES, INC							
Address:							
6670 Wes Way							
City:	State:	Zip:					
	AK	99518-1575					
		Tel: (907) 770-9936					
WASTE TRANSPORTER #2:		(907) 770-9900					
Name:							
Address:							
City:	State:	Zip:					
Contact Person:		Tel:					
WASTE DISPOSAL SITE:							
Name:							
	E SERVICES						
	Tetata-	Zip:					
ANCHORAGE	AK	99519-6650					
Tel:							
(907) 343-6262							
Attach a copy of the Order to this notice.							
2. Name of Authority Issuing Order:		Title:					
3. Authority of Order (Citation of Code):							
EMERGENCY RENOVATIONS (Attach separate sheet with the following information if project is Emergency Renovation.)							
.							
Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.							
DESCRIPTION OF PROCEDURES TO BE FOLLO	WED IN THE EVENT THAT UNEXP	PECTED ASBESTOS IS FOUND OR PREVIOUSLY					
	NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:						
All work will stop. Area will be fully contained. Contracting Officer will be notified. EPA and local notifications will be amended.							
I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INDIPITION DURING NORTH PROVIDED TO THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON							
The second secon	6/12/2009	CLAUDIA RODRIGUEZ ZINN, PROJECT MANAGER					
Signature of Owner/Orienator		Type or Print Name and Title					
		Type or Frint Name and Title					
Signature of Owner Operator	<u> </u>	Type or Print Name and Title					
	RENOVATION TECHNIQUES TO BE USED AND IN All work will be done under full containment negative DESCRIPTION OF WORK PRACTICES AND ENG ASBESTOS REMOVAL AND WASTE HANDLING All work will be done under full containment negative Equipment (PPE) will be used at all times. WASTE TRANSPORTER #1: Name: COLDFOOT ENVIRONMENTAL SERVICES, INC Address: 6670 Wes Way City: ANCHORAGE Contact Person: CUAUHTEMOC RODRIGUEZ WASTE TRANSPORTER #2: Name: Address: City: Contact Person: WASTE DISPOSAL SITE: Name: MUNICIPALITY OF ANCHORAGE - SOLID WASTI Location: HILAND LANDFILL City: ANCHORAGE Tel: (907) 343-6262 EMERGENCY DEMOLITION (Complete item XIV 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: 3. Authority of Order (Citation of Code): 4. Date of Order (MM/DD/YY): EMERGENCY RENOVATIONS (Attach separate separ	RENOVATION TECHNIQUES TO BE USED AND DESCRIPTION OF AFFECTED FACA All work will be done under full containment negative pressure. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USI ASBESTOS REMOVAL AND WASTE HANDLING EMISSION CONTROL PROCEDUR All work will be done under full containment negative pressure. Amended water will be to Equipment (PPE) will be used at all times. WASTE TRANSPORTER #1: Name: COLDPOOT ENVIRONMENTAL SERVICES, INC Address: 6670 Wes Way City: State: AK CONTROL Person: CUAUNTEMOC RODRIGUEZ WASTE TRANSPORTER #2: Name: Address: City: State: Contact Person: CIVALITEMOC RODRIGUEZ WASTE TRANSPORTER #2: Name: MUNICIPALITY OF ANCHORAGE - SOLID WASTE SERVICES Location: HILAND LANDFILL City: State: AK CONTROL PROCEDURES WASTE DISPOSAL SITE: Name: MUNICIPALITY OF ANCHORAGE - SOLID WASTE SERVICES Location: HILAND LANDFILL City: State: AK Tel: (807) 343-6262 EMERGENCY DEMOLITION (Complete item XIV only if this project is an Emergency 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: 3. Authority of Order (Citation of Code): 4. Date of Order (MM/DD/YY): EMERGENCY RENOVATIONS (Attach separate sheet with the following informatic 1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an interpretable ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR RAIL work will stop. Area will be fully contained. Contracting Officer will be notified. EPA I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REQUIAL DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIR WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. 6/12/2009 Signature of Ormel/Opelator Date I CERTIFY THAT THE ABOVE INPORMATION IS CORRECT: 6/12/2009					